

# ESTUDIO SOBRE CALIDAD DE VIDA EN CUIDADORES DE PERSONAS DEPENDIENTES

El cuidado de una persona dependiente supone una sobredemanda, generando con el paso del tiempo una sobrecarga física y emocional que, en algunas ocasiones, puede desembocar en el abandono del cuidado. Este fenómeno es conocido como “Sobrecarga del cuidador”. El objetivo principal de este trabajo es analizar la calidad de vida de las personas que tienen o han tenido la experiencia de tener a una persona dependiente a su cargo, teniendo en cuenta la edad, el sexo y el estado civil. En el estudio participaron 311 personas de manera voluntaria, anónima y dando su consentimiento informado, de las cuales el 24.1% son hombres y el 75.9% mujeres con una edad promedio de 42.04 años (DT= 15.50). La calidad de vida se evaluó mediante una escala ADHOC, basada en el cuestionario WHOQOL – BREF. Posteriormente, se realizaron análisis descriptivos, diferenciales y regresión mediante los que se obtuvieron diferencias significativas en la satisfacción con la calidad de vida y la salud, en el grado de necesidad de un tratamiento médico para poder funcionar en la vida diaria y en la seguridad de la misma al comparar el grupo de personas que tienen una persona dependiente frente a los que la han tenido y los que no. Así pues, las personas que tienen una persona dependiente a su cargo manifiestan peor calidad de vida que aquellas que la han tenido o que nunca la han tenido. Además, tras analizar la relación entre las distintas variables, obtenemos que el estado civil y la edad, son los factores que parecen modular los aspectos relacionados con la calidad de vida, quedando fuera el sexo. Sin embargo, para futuras investigaciones cabría profundizar en el análisis de otras variables para mejorar nuestras intervenciones.

# STUDY ON QUALITY OF LIFE IN CARERS OF DEPENDENT PEOPLE

**INTRODUCTION:** The accompaniment of dependent people, due to the characteristics of the process, supposes a constant and intense overload for the person who assumes the role of primary caregiver, generating changes in their life and causing that, in some occasions, the care may be abandoned. This phenomenon is known as "**Caregiver syndrome**" or "**Caregiver overload**" (Yonte, Urién, Martín & Montero, 2010). Numerous studies indicate a reduction the level of quality of physical life of the caregiver, producing somatic complaints and sleep disturbances, as well as social isolation, lack of free time or deterioration in the economic situation. In addition, as far as the psychological level is concerned, similar results are found, highlighting the frequency of anxiety and depression (Ávila-Toscano & Vergara-Mercado, 2014). However, success in care depends on the degree to which caregivers take care of themselves and enough time and attention are given to meet their personal needs (Yonte et al., 2010).

Beyond the importance of these findings, it is observed to what extent they start from a palliative model, in which caregivers present complaints when they have pathology or when the situation exceeds their limits. In this way, a preventive vision is neglected, as well as a more holistic concept of well-being that conceives as a central axis the study, the quality of life (Urzúa & Caqueo-Úrizar, 2012). At the same time, caregivers' involvement is usually taken into account when they are exercising an active role, but not always once the experience finished.

**PURPOSE:** For all the above, the aim of this work is to analyze the quality of life of people who have or have had the experience of having a dependent person in his charge, taking into account the age, sex and marital status, as well as to evaluate possible differences in the quality of life between having had the experience before and having it now.

## **HYPOTHESIS:**

1. People who have a dependent person in his charge will have greater impact on their quality of life than those who had and those who have never had.
2. Among people who have a dependent person:
  - 2.1 Women will have greater impact on their quality of life than men.
  - 2.2 People without a stable couple will have greater impact on their quality of life than those who have.
  - 2.3 Young people will have greater impact on their quality of life than older people.

## **METHOD:**

**PARTICIPANTS:** The study involved 311 people, of which 24.1% were men and 75.9% were women with an average age of 42.04 years (SD= 15.50). Currently, 59.2% of them live has a steady relationship while 40.8% has not.

**INSTRUMENTS:** The evaluation of the quality of life has been carried out by means of an ADHOC scale, based on the WHOQOL - BREF questionnaire (World Health Organization, 1995) which consists of 30 items of Likert scale that value wellbeing at psychosocial level being the Cronbach's Alpha of 0.8. A patient profile and a score on perception of global quality of life and general health are obtained. The higher the score, the better quality of life.

**PROCEDURE:** The online questionnaire completed with all the information about the study was disseminated through a link through different social networks. In this way, people participated voluntarily, anonymously and gave their informed consent before participating. Once all the data were collected, they were treated through the statistical program SPSS 23, performing descriptive, differential and regression analyzes.

**RESULTS:** Regarding the experience with caring for dependents, 21.9% currently care for a dependent person, 20.6% have done so in the past and 57.6% have never had such experience.

Considering the **sex** variable, 6.7% of men have had a dependent person in his charge, 18.7% have it and 74.7% have never had it. On the other hand, 25% of women have had it, 22.9% have it and 52.1% have never had it, this difference is statistically significant ( $\chi^2 = 14.78$ ;  $p = .001$ ).

Considering now the **marital status**, 20.5% of people who do not currently live in a steady relationship have had a dependent person in his charge, 14.2% have it and 65.4% have never had it. On the other hand, 20.7% of people who currently live as a couple have had a dependent person in his charge, 27.2% have it and 52.2% have never had it, this difference is statistically significant ( $\chi^2 = 8.07$ ;  $p = .018$ ).

And with respect to **age**, the participants who currently have a dependent person in their charge have an average age of 47.44 ( $SD = 12.02$ ), those who have had it before have an average age of 55.68 ( $SD = 11.47$ ) and those who have never had it have an average age of 35.28 ( $SD = 13.95$ ) ( $F = 63.92$ ;  $p = .001$ ).

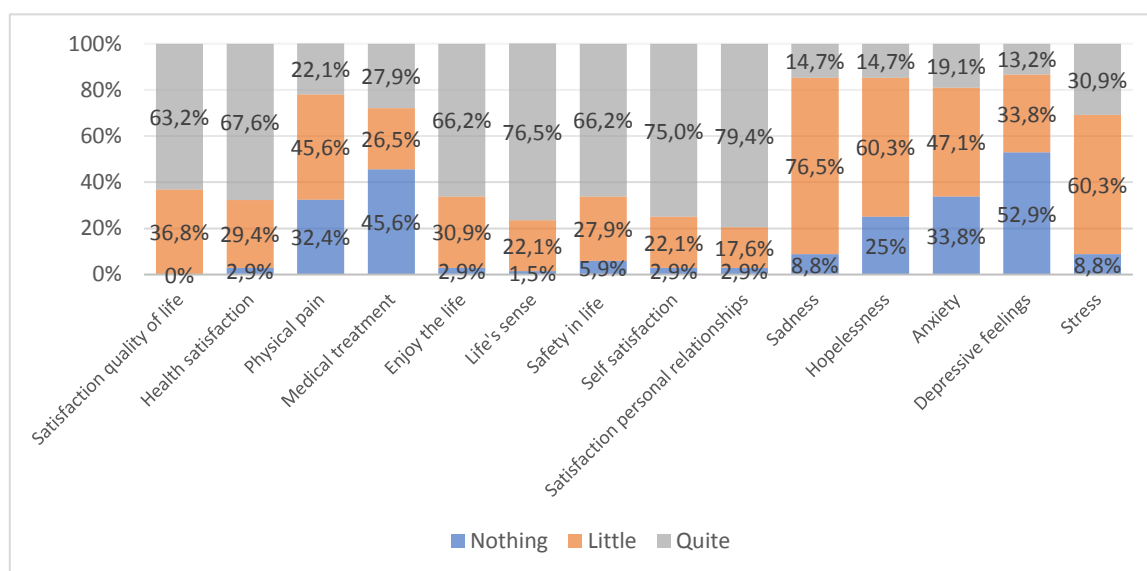
We have also analyzed the possible differences in the quality of life perceived among the different groups. The group that currently has a dependent person claims to have a worse quality of life (see *Table 1*), however, there are no significant differences ( $F = 0.397$ ;  $p = .673$ ).

*Table 1. Average quality of life scores according to the experience of caring for a dependent person.*

Quality of life	Average		
	Standard deviation		
I've never had it	62.40	9.50	
I've had it before	62.76	11.09	
I have it currently	61.27	11.78	

Focusing our attention on people who currently have a dependent person in their charge, we note that a significant percentage have depressive feelings, as well as stress and anxiety. In addition, more than 20% think that their life does not make sense (see *Figure 1*).

*Figure 1. Assessment of quality of life in caregivers who have a dependent person in his charge.*



If the differences are analyzed with respect to other groups, it is observed how there is inequality in terms of satisfaction with quality of life, where 36.8% of those who have a dependent person in his charge feel unsatisfactory with their quality of life, compared to 32.8% in people who have had and 23.5% in those who have never had ( $\chi^2 = 9.627$ ;  $p = .047$ ). In the satisfaction with health, 32.3% of those who have a dependent person in his charge feels little satisfied with their health, compared to 43.8% in people who have had and 74.9% in which they have never had it ( $\chi^2 = 13.452$ ;  $p = .009$ ). In the degree of the need for medical treatment to function in daily life, 72.1% of those who have a dependent person in his charge, feel that they do not need medical treatment to function in their daily lives, against 62.5% in people who have had and 89.3% in people who have never had ( $\chi^2 = 29.014$ ;  $p = .000$ ). And as for the security of daily life, 33.8% of those who have a dependent person in his charge have little security in their daily lives, compared to 28.1% in people who have had and a 34.7% in people who have never had ( $\chi^2 = 11.170$ ;  $p = .025$ ).

Finally, we have carried out the analysis of the regression to evaluate the relationship between the different variables, obtaining that marital status and age are the variables that seem to modulate aspects related to quality of life, leaving out sex in people who have been in care of dependent person (see *Table 2*) or they are caregiver (see *Table 3*).

Table 2. Regression analyzes about the perception of quality of life in caregivers who have had a dependent person in his charge.

ITEM	VARIABLE	B	ERROR	CI(LI/LS)	R <sup>2</sup>	F(p)
How much do you enjoy life?	Marital status	-.332	.112	-.556/-.108	.124	8.755 (.004)
How often do you experience feelings of hopelessness?	Marital status	.411	.155	.100/.722	.101	6.988 (.010)
How often do you experience feelings of anxiety?	Age	-.021	.007	-.035/-.007	.126	8.798 (.004)
How often do you feel stressed?	Age	-.026	.007	-.040/-.012	.184	13.747 (.000)

Table 3. Regression analyzes about the perception of quality of life in caregivers who have a dependent person in his charge.

ITEM	VARIABLE	B	ERROR	CI(LI/LS)	R <sup>2</sup>	F(p)
To what extent do you feel that your life makes sense?	Marital status	.340	.123	.094/.586	.104	7.638 (.007)
How satisfied are you with yourself?	Marital status	.376	.135	.107/.644	.106	7.786 (.007)
How often do you feel stressed?	Age	-.013	.006	-.025/-.001	.070	4.955 (.029)

Specifically, in the case of currently having a dependent person, having a partner seems to favour, whereas in the case of people who have experienced this experience in the past, it makes.

**CONCLUSION AND DISCUSSION:** Our results are in line with numerous evidences, which show us that the role of care can produce different health effects, psychological and interpersonal given the physical, emotional and economic overload that is usually experienced (Domínguez, Ocejó & Rivera, 2013). Specifically, with regard to **hypothesis 1**, we can affirm that people who currently have a dependent person in their care show a worse quality of life with respect to people who have had it or never had it.

Regarding **hypothesis 2.1**, different studies claim that caring negatively affects the health of people who do it, there are greater risks for women, who assume a greater workload. However, if the burden of care increases in men, such gender inequalities tend to be reduced or even reversed (Larrañaga et al., 2008). With the passage of time and according to the results of this study, sex would not be within the modulating variables of aspects related to the quality of life.

Social support can help meet the needs in everyday situations or crisis, being able to cushion the effects of stress in the care work itself, as well as other conflicts and family concerns of the caregiver (Domínguez, Ocejó & Rivera, 2013). In this way, we have been able to check **hypothesis 2.2**, confirming that those people who currently have a dependent person in their care, having a partner favours them, thus showing a better quality of life than those who do not. However, it would be wise to find out what happens over time.

In the same way, young caregivers are also more affected than older caregivers (**Hypothesis 2.3**). This may be due to the greater number of experiences, both good and bad, that the latter have lived with respect to the former, allowing them to face different situations in a different way than those younger people who have to live this situation in the same way.

Finally, and taking into account the limitations of this study, such as the small sample and social desirability, we can add that it offers valuable information about a possible differential profile in the experience of the role of the caregiver. Logically, in the future we could deepen the analysis of other variables to improve our interventions.

# ESTUDIO SOBRE CALIDAD DE VIDA EN CUIDADORES DE PERSONAS DEPENDIENTES

## INTRODUCCIÓN:

El acompañamiento de las personas dependientes, por las propias características del proceso, supone una sobrecarga constante e intensa para la persona que asume el rol de cuidador principal, generando cambios en la vida del mismo. Este fenómeno es conocido como “**Sobrecarga del cuidador**” (Yonte, Urién, Martín & Montero, 2010).

Numerosos estudios señalan una reducción en el nivel de calidad de vida física del cuidador y destacan por su frecuencia a nivel psicológico la ansiedad y la depresión (Ávila-Toscano & Vergara-Mercado, 2014). Más allá de estos avances, se observa en qué medida estos hallazgos parten de un modelo paliativo, en el que los cuidadores presentan quejas cuando tienen patología o cuando la situación sobrepasa sus límites.

## OBJETIVOS:

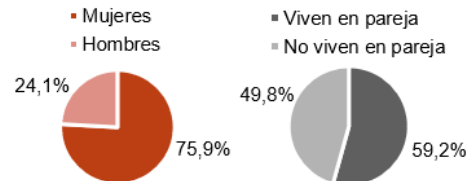
Analizar la calidad de vida de las personas que tienen o han tenido una persona dependiente a su cargo teniendo en cuenta la edad, el sexo y el estado civil.

Evaluar posibles diferencias en la calidad de vida entre personas que han tenido la experiencia anteriormente y personas que la tienen actualmente.

## CONCLUSIÓN:

Nuestros resultados van en línea con numerosas evidencias, las cuales nos muestran que el rol del cuidador puede producir diferentes afectaciones de salud, psicológicas e interpersonales dada la sobrecarga física, emocional y económica que generalmente se vive (Dominguez, Ocejó & Rivera, 2013). Así pues, podemos afirmar que las personas que actualmente tienen una persona dependiente a su cargo manifiestan peor calidad de vida con respecto a las personas que la han tenido o que nunca la han tenido. Además, a las primeras el hecho de tener pareja les favorece, mostrando así mejor calidad de vida que aquellas que no tienen. De la misma manera, la edad también influye, manifestando los cuidadores jóvenes mayor afectación que los cuidadores mayores. Tradicionalmente son las mujeres las que asumen mayor carga de trabajo y es por ello que tienen mayores riesgos de salud. Sin embargo, si la carga de los cuidados aumenta en los hombres, dichas desigualdades tienden a reducirse o incluso a invertirse (Larrañaga et al., 2008). Con el paso del tiempo y según resultados de este estudio, el sexo no estaría dentro de las variables moduladoras de aspectos relacionados con la calidad de vida. Por último y teniendo en cuenta las limitaciones de este estudio (muestra pequeña y deseabilidad social), el mismo ofrece información valiosa sobre un posible perfil diferencial en la experiencia del rol del cuidador. Sin embargo, para futuras investigaciones cabría profundizar en el análisis de otras variables para mejorar nuestras intervenciones.

## METODOLOGÍA:



En el estudio participaron 311 personas con una edad promedio de 42.04 años (DT=15.50).

La calidad de vida se evaluó mediante una escala ADHOC basada en el cuestionario WHOQOL – BREF (OMS, 1995). A mayor puntuación, mayor calidad de vida. Ésta fue difundida a través de diferentes redes sociales. La participación de las personas fue totalmente voluntaria, anónima y con consentimiento informado. Posteriormente, se realizaron análisis descriptivos, diferenciales y regresión.

## HIPÓTESIS:

1. Las personas que tienen una persona dependiente a su cargo presentarán mayor afectación en su calidad de vida que las que la han tenido y las que nunca la han tenido.
2. Entre las personas que tienen una persona dependiente:
  - 2.1. Las mujeres presentarán más afectación que los hombres.
  - 2.2. Las personas sin pareja estable presentarán más afectación que las que la tienen.
  - 2.3. Las personas jóvenes presentarán más afectación que las mayores.

Sheila Canal Sáez

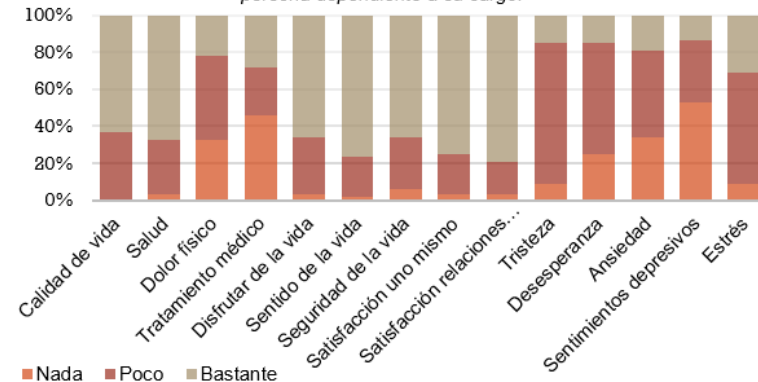
Tutora: Cristina Giménez García

TFG Psicología 2018/2019 (PS1048)



## RESULTADOS:

Figura 1. Valoración de la calidad de vida en cuidadores que tienen una persona dependiente a su cargo.



Encontramos diferencias significativas en la satisfacción con la calidad de vida ( $\chi^2=9.627$ ;  $p=.047$ ) y con la salud ( $\chi^2=13.452$ ;  $p=.009$ ), en el grado de necesidad de un tratamiento médico para funcionar ( $\chi^2=29.014$ ;  $p=.000$ ) y en la seguridad de la vida diaria ( $\chi^2=11.170$ ;  $p=.025$ ).

Tabla 1. Análisis de regresión sobre la percepción de calidad de vida en cuidadores que han tenido una persona dependiente a su cargo.

ÍTEM	VARIABLE	R <sup>2</sup>	F(p)
Percepción disfrute de la vida	Estado civil	.124	8.755 (.004)
Percepción sentimientos desesperanza	Estado civil	.101	6.988 (.010)
Percepción sentimientos de ansiedad	Edad	.126	8.798 (.004)
Percepción sentimientos de estrés	Edad	.184	13.747 (.000)

Tabla 2. Análisis de regresión sobre la percepción de calidad de vida en cuidadores que tienen una persona dependiente a su cargo.

ÍTEM	VARIABLE	R <sup>2</sup>	F(p)
Percepción sentido de la vida	Estado civil	.104	7.638 (.007)
Satisfacción con uno mismo	Estado civil	.106	7.786 (.007)
Percepción sentimientos de estrés	Edad	.070	4.955 (.029)

Según el análisis de regresión (ver tabla 1 y tabla 2) podemos observar que en el caso de tener actualmente una persona dependiente, el tener pareja favorece, mientras que en el caso de las personas que han experimentado esta experiencia en el pasado, dificulta. Además, parece ser que las variables que modulan los aspectos relacionados con la calidad de vida son el estado civil y la edad, quedando fuera el sexo en personas que han estado a cargo de una persona dependiente o que lo están actualmente.



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